

ROGER OWENSBY JR.

DEATH RECORD NO. 131577

H-660-00

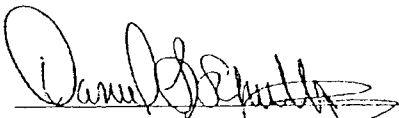
OPINION

Diagnoses:

1. Mechanical asphyxia:
 - a) conjunctival petechiae with scleral hemorrhages
 - b) terminal emesis
 - c) hemorrhagic bite mark of left side of tongue.
2. Left inframammary, right anterior axillary, and anterior left shoulder abrasions.
3. Bilateral deep back musculature contusions (scapular).
4. Facial abrasions.
5. Left forearm abrasions.
6. Bilateral knee abrasions.

Cause of death: Mechanical asphyxia.

Manner of death: Homicide (police intervention: asphyxiation during restraint attempts).



Daniel L. Schultz, M.D.
Deputy Coroner, Hamilton County, Ohio

11/30/00

Date

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POSTMORTEM EXAMINATION
OF THE BODY OF
ROGER OWENSBY JR.

A postmortem examination of the body of an African-American man identified as Roger Owensby Jr. is performed at the Hamilton County Morgue on November 8, 2000. The examination is conducted by Daniel L. Schultz, M.D., and is begun at 8:30 a.m. Present during the later portion of the autopsy examination, from the Cincinnati Police Department, are Specialist C. Beaver, P.O. R. Heinlein, and P.O. T. Campbell, from the Cincinnati Police Department, Homicide Section. Also present is Lt. B. Cravens.

EXTERIOR OF THE BODY:

As received, the body is within a sealed white body bag and is nude. Received with the body are a pair of black jeans, red underwear, socks, and white shoes, which are in a separate clear plastic bag.

The body is that of a 67 inch, 185 pound, well-developed, well-nourished, adult, black man who appears consistent with the reported age of 29 years.

Livor mortis is posterior, purple and unfixed. The suprascapular area of the back and the lower aspects of the back have several cutaneous petechiae. The petechiae are absent in the area of blanching in the scapular regions. The back of the left arm has several scattered petechiae. The back of the left knee has a few small, faint petechiae.

Rigor mortis is fully developed in the extremities and jaw. The torso is cold owing to refrigeration.

The scalp hair is fashioned into dreadlocks which measure up to 5 inches in length. The hair has a normal distribution. The irides are brown. The conjunctivae have petechiae as well as scleral hemorrhages. The nasal septum is not perforated. The nostrils are patent. A short stubbly beard and mustache are present. The dentition is natural. The neck is supple. The trachea is situated in the midline. The chest is symmetrical and noncrepitant. The back has no deformities. The abdomen is firm and flat. The penis is circumcised; the testicles are descended within the scrotum. The anus is unremarkable. The extremities are appropriately developed and have no absent digits. The hands and wrists have no injuries. No ligature marks are seen. The fingernails are short-trimmed and atraumatic.

IDENTIFYING SCARS, MARKS, AND TATTOOS:

The left upper aspect of the chest has a tattoo of theater masks (Comedy and Tragedy).

The lateral aspect of the left arm has a tattoo of a possible baby lion.

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EVIDENCE OF MEDICAL THERAPY:

The left antecubital fossa has an intravenous catheter in place. Although not visible externally during the internal examination, an endotracheal tube is seen, which is partially within the right mainstream bronchus. The proximal end of the endotracheal tube has been cut and is well within the deep aspects of the oral cavity (presumably pushed in after death).

EVIDENCE OF INJURY:

Head and Neck:

The scalp, just above the left eyebrow, has a 1 1/4 inch in diameter confluent collection of red abrasions. Adjacent and lateral to this is a linear, 1 1/2 inch long, red abrasion. At the upper mid aspect of the forehead is a small, 3/8 inch, red abrasion.

The right frontal aspect of the scalp has a collection of vertically oriented, short, red abrasions.

The right cheek has a collection of red abrasions.

The right aspect of the upper lip has a collection of red abrasions. The upper lip is slightly swollen.

The inner aspect of the right side of the lower lip has a 1/16 inch, shallow laceration.

The right eye has fairly significant inferior scleral hemorrhage and conjunctival hemorrhages. Several petechiae are seen in the conjunctivae of the right eye. The left eye has a few scattered petechiae. The inferior aspect of the left sclera has some hemorrhage.

The oropharynx contains some thin, tan-white, starchy food material (emesis) consistent with that seen within the stomach. The nostrils also contain a small amount of tan food material (emesis).

The airways contain a thin collection of food material which does not obstruct the airways. It is seen extending into focal portions of the medium to small caliber bronchi.

Torso:

The anterosuperior aspect of the left shoulder has a 1/4 inch red abrasion.

The left inframammary aspect of the chest has a collection of very faint abrasions.

The anterior aspect of the right axillary area has a collection of faint, red, horizontally directed abrasions.

A posterior neck examination is performed as well as an incision down the midline of the back. Fairly large, approximately 3 inch

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to 4 inch in diameter, contusions are seen in the deep musculature overlying the spines of the scapulae. The subcutaneous tissues overlying these muscular hemorrhages are free of significant hemorrhage. The overlying skin has no visible injuries, abrasions, or contusions. The ribs have no fractures. The scapulae are not fractured.

The lungs are extremely congested and edematous.

Upper and Lower Extremities:

The anterior aspect of the right knee has three small red abrasions.

The anterior aspect of the left leg has a small red abrasion.

The lateral aspect of the left forearm has collections of two small red abrasions.

INTERNAL EXAMINATION:

Body Cavities

The body is opened via the usual Y-shaped thoracoabdominal incision. The body has the usual amount of subcutaneous fat. The body has no unusual odors. The pleural, pericardial, and peritoneal cavities contain no increased fluid accumulations. The cardiovascular system is congested with liquid blood. A few rare epicardial petechiae are seen. The lungs have no evident petechiae. The diaphragm is intact and no hiatal hernia is evident. The thoracic and abdominal organs are normally situated.

CARDIOVASCULAR SYSTEM:

The heart weighs 395 grams and has a normal amount of epicardial fat. The coronary artery distribution is left dominant. The left main coronary artery is patent. The left anterior descending coronary artery has a fifty percent obstructive plaque situated at the mid portion. The left circumflex coronary artery is patent. The right coronary artery is patent. The cut surfaces of the myocardium reveal a brown homogeneous parenchyma with no recent or remote infarct. The left ventricular wall measures 1.8 centimeters in thickness. The right ventricular wall measures 0.4 centimeter in thickness. The mitral, tricuspid, aortic, and pulmonic valves have thin pliable cusps with no vegetations or fibrosis. The aorta has a smooth, yellow, intimal lining with no significant atheromatous plaque. The aortic ostia are patent. The venae cavae have no thrombi. The pulmonary trunk has no thromboemboli.

RESPIRATORY SYSTEM:

The right and left lungs weigh 860 grams and 765 grams, respectively. The pleural surfaces are smooth. The lungs have a maroon-purple congested appearance. The cut surfaces reveal diffuse pulmonary congestion and edema. The cut surfaces of the lungs reveal no pneumonia, infarcts, or tumors. The bronchi contain a thin collection of aspirated food material. No frank

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obstructions are evident. The pulmonary arteries have no thromboemboli.

HEPATOBIILIARY SYSTEM:

The liver weighs 1650 grams and has a brown smooth capsule. The cut surfaces reveal a brown homogeneous parenchyma with no fatty change, cirrhosis, or tumors. The gallbladder contains approximately 10 milliliters of green-brown bile and has no stones. The biliary ducts drain appropriately into the duodenum. The pancreas is tan and lobulated with no fat necrosis or tumors.

ENDOCRINE SYSTEM:

The adrenal glands have no nodularity and are not enlarged. The thyroid gland is brown, homogeneous, with no nodularity or fibrosis. The pituitary gland is unremarkable.

GASTROINTESTINAL SYSTEM:

The esophagus has a gray-white smooth mucosa. The stomach contains a measured 300 milliliters of tan-white, soft, slightly starchy materials. No pills are identified. The pylorus is patent. The stomach has no mucosal lesions. The small intestine and colon are unremarkable. The appendix is present.

I opened the intestines and inspected for any evidence of any pills or packages and none were identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 145 grams and 150 grams, respectively. The capsules are easily stripped revealing underlying brown smooth cortical surfaces. The cut surfaces reveal normal thicknesses. The calyces and pelves are not dilated. The ureters are not dilated. The bladder contains approximately 50 milliliters of yellow urine. The bladder is not trabeculated. The prostate is tan, rubbery, and not enlarged. The testes have a stringy tan parenchyma with no nodularity.

HEMATOPOIETIC SYSTEM:

The spleen weighs 100 grams and has a purple-gray smooth capsule. The cut surfaces reveal a homogeneous maroon parenchyma with no fibrosis or nodularity. The body has no lymphadenopathy. The vertebral bone marrow is red.

MUSCULOSKELETAL SYSTEM:

The body is appropriately developed and nourished. The extremities have no palpable fractures. The vertebral column, sternum, scapulae, ribs, and pelvis have no evident fractures.

NECK:

The strap muscles of the neck are reflected and reveal no underlying hemorrhages. The hyoid bone, cricoid cartilage, and thyroid cartilage have no injuries. The epiglottis is not swollen or inflamed. The airway has no obstructions. The cervical vertebrae are examined from the anterior and posterior approach and reveal no bony fractures, ligamental injuries, or

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synovial capsular injuries. The posterior back musculature in the region of the scapulae is remarkable as indicated. The cervical spinal cord is pristine. The cervical spinal cord is serially sectioned and reveals no injuries. The tongue has a hemorrhagic bite mark situated in the posterior left aspect. A representative section is taken for microscopy. The tongue is not swollen.

HEAD AND CENTRAL NERVOUS SYSTEM:

The face has several abrasions as indicated. The scalp has no contusions. The skull has no fractures. The intracranial cavity contains no subdural, subarachnoid, or epidural hemorrhages. The brain weighs 1450 grams. The brain is not swollen. The cerebral gyri and sulci are appropriately developed. The cranial nerves are intact. The cerebral vessels arise appropriately and have no berry aneurysms or significant atherosclerotic plaques. The brain is saved in formalin for later examination at neuropathology conference.

LATER BRAIN EXAMINATION AFTER FIXATION:

The Neuropathology Conference is held on Wednesday, November 15, 2000, at 1:30 p.m. Dr. Greg Balko, Dr. Robert Pfalzgraf, Dr. Gary Utz, Dr. Jonathan Tobias, and Dr. Daniel Schultz are present.

The brain has no evidence of herniations or injuries. The cranial nerves are intact. The cerebral vessels arise appropriately and have no aneurysms. The meninges are clear and translucent. The cerebral gyri and sulci are appropriately developed. The cut surfaces of the brain reveal a cortical ribbon of even thickness. The ventricles are of the usual caliber. The white matter is slightly congested. The cut surfaces of the brain reveal no parenchymal injuries, tumors, or abscesses. The mamillary bodies are of the usual caliber. The cut surfaces of the brain reveal no infarcts. The cut surfaces of the cerebellum, brain stem and upper cervical spinal cord are unremarkable. The substantia nigra is normally pigmented.

MICROSCOPIC EXAMINATION:**Trapezius
muscle:**

A representative section shows acute hemorrhage extending between muscle bundles and also between individual muscle fibers. No inflammatory reaction is evident. Hemorrhage is also seen between some superficial subcutaneous adipocytes.

**Right
kidney:**

Unremarkable.

Liver:

Unremarkable.

C000048**Heart:**

Representative sections of the anterior, posterolateral and septal wall of the left ventricle are unremarkable.

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Microscopic Examination, continued.

Lungs: Five sections of the lungs (one representing each lobe) show occasional foci of aspirated loose mucoid material and mixed coccal-bacillary flora (oropharyngeal flora). No appreciable reaction is seen. No frank food material such as vegetable matter or meat is identified. These areas of aspiration are relatively focal and rare. The lungs are markedly congested, with patchy areas of intraalveolar hemorrhage as well as several intraalveolar yellow-brown, tobacco soot-laden macrophages. The lungs are polarized and no crystalline deposits are identified. No pneumonia, infarcts or tumors are evident.

Left anterior descending coronary artery: A representative section confirms a gross impression of a 50 percent obstructive eccentric atheromatous plaque.

Tongue: A section of tongue confirms a gross impression of an acute hemorrhagic intramuscular injury to the tongue.

LABORATORY EXAMINATIONS:

Laboratory examinations were ordered and the results attached.

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11/30/00 gjc

Hamilton County Coroner's Office
Forensic Toxicology Laboratory

3159 Eden Avenue
Cincinnati, Ohio 45219

Lab Results For DR 131577 H 660-00

Gas Chromatography (GC) Results:

| | | |
|--------|---------------|----------|
| PER-TA | ACETONE | negative |
| PER-TA | ETHYL ALCOHOL | negative |

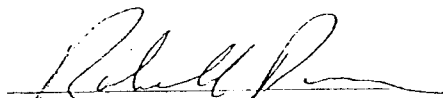
ELISA Drug Screen Results:

| | | |
|-------|---------------------------|----------|
| SERUM | BARBITURATES | negative |
| SERUM | BENZODIAZEPINES | negative |
| SERUM | CANNABINOIDS | positive |
| SERUM | COCAINE/METABOLITES | negative |
| SERUM | METHAMPHETAMINE | negative |
| SERUM | OPIATES | negative |
| SERUM | TRICYCLIC ANTIDEPRESSANTS | negative |

Gas Chromatograph-Mass Spectrometer (GC/MS) Results:

| | | |
|--------|----------------------------|------------|
| PER-TA | GENERAL DRUG SCREEN | negative |
| PER-TB | TETRAHYDROCANNABINOL (THC) | 0.016 mg/l |
| PER-TB | 11-CARBOXY THC (THCA) | 0.052 mg/l |

11/20/00


Robert H. Powers, Ph.D.
Chief Toxicologist